

**STATE ADVISORY COMMITTEE
ON SUBSTANCE ABUSE SERVICES**

May 10, 2005
Country Inn/Suites
5353 North 27th
Lincoln, Nebraska

COMMITTEE MEMBERS PRESENT: Kathy Seacrest, Ann Ebsen, Jerome Barry, Dr. Subhash Bhatia, Jane Morgan, Dr. DeLinda Mercer, Linda Krutz, Wehnona St. Cyr, Brenda Miner, Laura Richards, Topher Hansen.

COMMITTEE MEMBERS ABSENT: Ron Sorensen

HHS STAFF PRESENT: Cece Brady, Dennis Snook, Barbara Thomas, Laurie Sutter, Betty Alm.

GUESTS PRESENT: Nyla Helge, Leslie Buhl, Christina Peck, Randall Coslor.

**INTRODUCTIONS/
WELCOME**

Chairperson, Kathy Seacrest called the meeting to order. Committee members and staff present introduced themselves.

ATTENDANCE – DETERMINATION OF QUORUM

A quorum was present at today's meeting.

RECOGNITION OF GUESTS

Guests who attended today's meeting were asked to introduce themselves.

APPROVAL OF FEBRUARY MINUTES

MOTION: Jane Morgan made a motion to approve the February 8, 2005 minutes.

SECOND: Topher Hansen.

Minutes were approved as mailed with one typo noted on Page 7 – 6,800 hours should state – 6,000 hours.

APPROVAL OF AGENDA

The agenda was approved with one item added:

The response received from HHS pertaining to recommendations from the State Advisory Committee on Substance Abuse Services will be listed on each agenda, following the approval of minutes. The recommendations were sent to the Behavioral Health Administrator.

DISCUSSION: Response from Substance Abuse Committee recommendations February 8, 2005

Letter dated May 9, 2005 from Ron Sorensen, Interim Administrator, to Kathy Seacrest and Substance Abuse Advisory Committee members was distributed to Committee members today.

Recommendation #1 requested the Division follow up on the letter this Committee sent to Regulations & Licensure to address specific areas of concern.

This recommendation will be part of the recommendations from today's meeting. A letter will be sent to Dick Nelson and Dr. Raymond. Also discussed was that statistical information regarding licensed counselors be reported on by R & L to the Substance Abuse Committee at each Substance Abuse Committee meeting.

Recommendation #2 and #3 - The adoption of ASAM criteria in Nebraska requires HHS look at a variety of training and technical assistance venues.

Catholic Charities is providing Training of Trainers (TOT) on ASAM. Medicaid has been working with Catholic Charities.

Discussion: How is information forwarded to providers? Barb Thomas said the Division has plans to have national consultants provide an ASI/CASI training that crosswalks ASAM to the ASI and CASI. Catholic Charities is providing TOT training June 15-16, 2005. Dennis Snook will get more information about the details of the training and how trainers will be selected from Kathy Schinker at Catholic Charities.

Training will be held across Nebraska – 20 trainers will be selected. Nyla Helge announced flyers went out to the field yesterday. No charge for this training and CEUs will be offered. Nyla reported Catholic Charities asked for input from Medicaid in getting info. out to the field. Kathy Seacrest mentioned they (Region 2 Human Services) have not heard about this training. It was also suggested that the Regions and Medical Associations be sent this info. This needs to be done in a timely manner. Substance Abuse Committee members should always be notified about activities and events like this.

Kathy Seacrest said we need to keep communication tighter between Medicaid and Behavioral Health. Region 2 Human Services had not known of the Catholic Charities TOT for ASAM.

Topher Hansen mentioned that it will be important to know how much time is needed for the trainers to do this training and how much time they need to give back.

Would be good if the community provider agencies could be contacted regarding possible trainers. Substance Abuse Committee members could recommend trainers in their area.

Jerome Barry explained the effort to designate trainers has not happened yet. Nyla explained the criteria has been designated. One of the criteria is they have experience doing previous training.

Kathy suggested in the future that Medicaid be sure everyone is connecting on the training issues.

Recommendations #4, 5, 6, 9 concern Medicaid collaboration and communication with Division as relates to implementation of the substance abuse waiver.

The Substance Abuse Committee will continue to provide input.

Recommendation #7 concerns processes and procedures for accessing LB95 funds.

Dennis Snook said that a meeting was held with Richard DeLiberty, regions, and regional center pharmacists. Barbara Thomas explained the Division is rewriting regulations. LB95 and LB1083 will include LB95 indigent medications access.

Recommendation on meeting with the Intertribal Council

Division staff will be meeting with the Intertribal Council about proposed residential treatment. Wehnona St. Cyr reported asbestos was found in the Drug Dependency Unit and the building will be demolished. A meeting was held with the Omaha and Winnebago Tribes, and both Tribes will be involved in the design phase of the new residential treatment facility. The state has been involved in this process. The plan is for a 16 bed facility.

NOTE: The Substance Abuse Committee recommendations will now be sent to Interim Behavioral Health Administrator, Ron Sorensen and the Behavioral Health Council. Thank you to Ron Sorensen for his response to the February 8, 2005 recommendations.

MEDICAID WAIVER – Nyla Helge

The information packets were distributed at the last Substance Abuse Committee meeting in February. Phone calls have been made to providers on how to complete the CMS 1500 forms. Providers have been enrolled per phone calls made. Thirty-six providers were enrolled with the exception of the Tribes. After enrollment, the invoices came in – have some claims back from January. Until July 1, Nyla reviews each claim and corrections are made via phone. Cece Brady explained they have not received a large volume of claims and there may be some confusion about submitting claims. Medicaid needs as many claims to come in as possible. Federal funds will be capped at the level claimed in FY05. Some providers may not be submitting claims. Any providers with reluctance regarding claims should contact Nyla.

Q: How are dual diagnosis claims handled?

A: Nyla said if the primary diagnosis is substance abuse, it is a substance abuse claim; if primary diagnosis is mental health, it is mental health claim.

Topher mentioned that in Region 5, Behavioral Health only has a certain amount for state match available and the concern is the region will run out of match funds by mid year.

Providers don't want a shortage of matching funds to put the remaining BH services funds to be in jeopardy. Discussions will continue with Behavioral Health, Medicaid, and the Regions. Kathy Seacrest added that the providers and Regions had to change the process to bill Medicaid – implementation takes time. Billing in the middle of the year takes adjustment. Cece added it is important to look at this period of time/services.

Q: What about future funds for utilization?

A: Cece explained that Medicaid is contracting with the University to look at needs; Medicaid is also looking at survey information and national trends. The CMS Federal requirements are an issue.

Q: Which services are all included in the substance abuse waiver?

A: The BH Division matches five; Medicaid matches the rest. This is very confusing to the field.

Nyla explained the registration process has not changed.

(Handout: Adult Substance Abuse Services) All substance abuse services exist in the state except partial hospitalization – have to contract.

Barb mentioned the Magellan computer system is not set up yet to do the substance abuse waiver - yes or no.

Q: What if the provider has other services?

A: The provider has to be on this approved provider list for the provider to bill.

Cece explained Medicaid can clear this up. We want to pay for highest level and also less intensive. It is important to have full services available.

Kathy restated that information needs to go to the regions and providers at the same time. Nyla explained the directory has lists of what providers are enrolled to provide what services. Medicaid will be working with the

regions BH network. Medicaid will be looking at the network to see if it is adequate to get access to the population.

Q: As of July 1, who is going to match the other services?

A: Cece says frees up 60% of services – increase of funding should occur. Barb explained BH Division has paid 100% in the past and all increases have already occurred. Cece added that state agencies have held meetings – need issues clarified.

Topher said providers in Region 5 heard that savings from Medicaid (60%) will go to General Fund as opposed to BH budget.

MOTION: Dr. Bhatia made a motion that a fact sheet to include billing, level of BH services for match and other relevant information be signed jointly by Behavioral Health and Medicaid and be sent periodically to providers, regions, and Substance Abuse Committee members. It was also suggested another mailing be sent out to clarify questions from each mailing. It was emphasized that a joint affiliation agreement be done between BH and Medicaid; also send to Dick Nelson.

SECOND: Brenda Miner

MOTION CARRIED.

REPORT FROM BEHAVIORAL HEALTH COUNCIL

There is confusion on the role of the committees and the Council. Information needs to be shared as a coordinating body.

DIVISION UPDATES

1. BEHAVIORAL HEALTH REFORM UPDATE

(Handout: Behavioral Health Report April 8, 2005 Behavioral Health Oversight Commission)

Ron Sorensen will be providing an update this afternoon at the BH Council meeting.

Q: What is the status of services in Region 6?

A: Dennis explained BH Reform crisis response team services are not yet up and running.

Ann Ebsen mentioned law enforcement is against it – it will not work in Region 6. They have problem with emergency response with law enforcement. Dennis explained Region 6 will look at additional strategies and meet with law enforcement for further discussion. Kathy Seacrest suggested each region design an emergency response – needs to be a creative process. Need more info. on how it works in the metropolitan area – flexibility to design emergency response and based on needs rather than a defined services.

Q: What is the reluctance with law enforcement?

A: Have to wait for crisis response to arrive.

Other Region 6 issues:

Clinical reform team has assessed 109 people from Regional Centers. Ann added housing also is an issue. Dennis said CRC is two years down the road and is a huge political issue.

NOTE: TRIBAL REPORT & REGION REPORTS need to be added on every Substance Abuse Committee agenda – need to keep strong substance abuse focus. Committee members should also give report from their regions.

BREAK

2. UPDATE ON PREVENTION AND SICA GRANT – Laurie Sutter

Committee members received copies of the “Nebraska Risk and Protective Factors Student Survey State Report 2003”. Highlights discussed by Laurie Sutter include:

- Communities collected data pertaining to issues that cause substance abuse, risk and protective factors for substance abuse, antisocial behaviors and youth gambling.
- 32,000 students (8th-10th graders) from 146 school districts in 65 counties participated.
- When communities analyzed the data, they found social norm and environmental issues.

- 18 broad-based coalitions have formed – change policies, norms in their communities – take underage drinking seriously.
- Alcohol was the drug of choice – the #1 source for alcohol was 21 yr. olds and older.
- 60% of 6th graders who drank – was done in the presence of adults. Binge drinking – drinking and driving – 42% - 12th graders.
- We are below the national norm in risk protective factors. We are high in underage drinking.
- A recent study has shown that Nebraska adults have highest rate of drinking and driving.
- Importance of school and perceived parental attitudes in decreasing substance abuse.
- Females have as high rates of substance abuse as males, with exception of chewing tobacco.
- Reported rates of problem gambling were as high for 6th graders as for 12th graders, and mirrored adult problem gambling rates.
- Survey will next be administered October 2005, and will include questions on steroid and other performance enhancing drug use, as well as context of gambling.

Q: How is this being utilized in schools, parents – through legislative process?

A: Used in communities across the state - \$7.5 million for communities. We are seeing changes already. Have heard good reports – taking underage drinking seriously.

Q: What are the plans for prevention in the schools?

A: Wehnona St. Cyr mentioned the Wellness Center partners with the schools – protective factor is their culture – they do not separate Daughters of Tradition – looking at what works – youth organizations come together

and meet once a month. This has been good tool. Laurie Sutter has been a partner in this.

Q: What are we going to do as a state, e.g. funding, legislatively? Need to look at prevention and why can't we bill for that?

A: All Tribes have prevention services in current contracts with the Division.

RECOMMENDATION: Kathy Seacrest recommended the statewide plan for substance abuse prevention focus environmental change with statewide goals. Jane Morgan mentioned that each committee should come up with five goals.

Laurie mentioned she has briefed Lt. Governor Sheehy and he is interested in prevention issues.

Laurie added contracting for an adults attitudes and behaviors survey.

Comment: How many taxes apply to alcohol sales? Bill has been needed to get alcohol taxed and focus on early years as opposed to adults and change the attitudes.

LEGISLATIVE REVIEW – Dennis Snook

(Handout: Behavioral Health Council Legislative Review May 10, 2005)

LB551 – the Bill that impacts membership on the State Advisory Committee on Substance Abuse has passed. The Bill requires three of the twelve State Advisory Committee on Substance Abuse Services to be consumers. Ron Sorensen will provide information at the BH Council meeting this afternoon.

LB177 – To amend current law to eliminate the requirement that physicians or psychologists, acting as practical training supervisors for alcohol and drug counseling have specialized training in alcohol and drug counseling including the twelve core functions sufficient to protect the public. (2 amendmends pending)

RECOMMENDATION to LB177: Physicians be included – primary care and specialty care.

SUBSTANCE ABUSE TREATMENT TASK FORCE – Kathy Seacrest

(Handout: Model Process & Requirements)

The Substance Abuse Treatment Task Force was created by the Nebraska Legislature. Three members from the Corrections Council have joined. A fact sheet will be sent to providers and the criminal justice system. This is about screening offenders, risk assessment, and evaluation – substance abuse assessment and treatment including the ASI and CASI.

Subcommittees have been formed under the Community Corrections Council: (1) Data; (2) Curriculum; (3) Strategic Planning.

The Supreme Court has taken an extreme interest. Steve Rowoldt (Probation) and Jerome Barry gave a presentation – 32 attended and this was positively received. Jerome mentioned the criminogenic risk has never been figured in this. It is important to the substance abuse field. This has been a long process.

Any questions, give Kathy a call. Barbara Thomas and Linda Wittmuss along with Jerome Barry also have all worked on this process. The goal is to have knowledgeable people who know substance abuse.

The Substance Abuse Treatment Task Force Report will be on each Substance Abuse Committee agenda.

REPORT ON OVERSIGHT COMMISSION – Topher Hansen

Ron Sorensen will give a report this afternoon to the Behavioral Health Council.

Q: Does the Oversight Commission know what is going on in the Regions?

A: Yes, Dennis mentioned information is available on BH Reform Website.

SUBSTANCE ABUSE COUNSELOR TRAINING – Leslie Buhl, LMEP (Handout: Lincoln Medical Education Partnership Training for Addiction Professionals)

Leslie introduced Christina Peck, the new TAP Program Assistant Coordinator.

Upcoming Core Education

30 participants have registered for the Alcohol/Drug Assessment, Case Planning & Management, May 16-19, 2005 in Scottsbluff.

Evaluation Comments included instructors make sure course that participants complete the courses and they appreciate it.:

Leslie encouraged Substance Abuse Committee members to let her know of any CEU ideas.

27 participants received 6 Criminal Justice hours attending February 2005 Criminogenic Needs and Client Resistance in Omaha.

Q: Any plan for training/collaboration with the Nebraska Medical Association?

A: There is an effort in Region 5 with Lancaster Co. Medical Society for screening for physicians – public screening instrument. Dr. Bhatia mentioned diagnosis are missed – need to target this population.

Leslie mentioned the criminal justice training in June is full. CASI training has increased. ASI training this week in Lincoln – eight have registered.

Jerome mentioned calls he receives asking about how to put on criminal justice course. Kathy Seacrest mentioned certain elements have to be part of it. Topher explained need to have same elements. Leslie announced in June the training schedule will be on the Website – will be able to register and pay on-line soon.

RECOMMENDATION REVIEW FOR BEHAVIORAL HEALTH COUNCIL AND BH ADMINISTRATOR

The Substance Abuse Committee recommendations sent to Ron Sorensen, Dick Nelson and Dr. Raymond from today's meeting (May 10, 2005) are attached to these minutes. Unanimous approval was received on the recommendations.

Suggestions: Would a letter from the Behavioral Health Council have more effect – if all three committees agree. Concern regarding level of cooperation between Medicaid and Behavioral Health.. Need cooperation with Medicaid and Behavioral Health – system of care.

Dennis Snook mentioned the Behavioral Health Council by-laws state the Behavioral Health Council reports annually to the Governor and Legislature.

OTHER

The Committee membership list as of May 2005 was distributed to members today. Division staff should be notified of any updates.

MOTION: Wehnona St. Cyr made the motion that the four Substance Abuse Committee members whose terms expire in July have their terms extended. This Committee functions very well and attendance is very good.

SECOND: Dr. Bhatia

MOTION CARRIED.

MEETING ADJOURNED.

NEXT MEETING DATE: August 9, 2005

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